

Sample Hearing Request Letter

(Date)

Cabinet for Health Services

Department for Medicaid Services

Division of Administration and Financial Management

275 East Main Street, 6W-C

Frankfort, Kentucky 40621-0001

Attn: Hearing Request

Dear Sir or Madame:

I am writing to ask for a hearing....

My Medicaid ID Number is....

My Social Security Number is....

My address is....

My telephone number is

I am requesting a hearing because....

Thank you.

Sincerely,

(Sign your name)